

NYS has had a long practice of requiring (by regulation and program standard) the use of RDs at the local level. In NYS we have 59 AAAs including the City of New York and 2 federally recognized ITOs. Each of the AAAs is a PSA. They must have an RD on staff or under contract with the AAA. Some sub-contract providers also have RDs on staff. We require a minimum of 8 hours per week (on average) but the statewide average is about 22 hours/week.

RDs are involved in 2 major functions of program operation - food service and clinical activities. In terms of food service the RDs generally develop menus based on a menu cycle, do nutrient analysis, and kitchen oversight (food safety et al). They also are involved in training food prep staff and volunteers who handle food in proper food handling practices. On the clinical side we require that nutrition counseling, nutrition education and nutrition assessments and screening be done or overseen by the RD. For example, we require a minimum number of group nutrition education programs be delivered at congregate sites. We do not require that the material be delivered by an RD, though, they just need to approve and sign-off on the lesson plan. That allows for the use of other outside subject matter experts to provide information. But, RDs do perform a lot of education service directly, too.

Our existing regulations and standards do not spell out a full range of activities for the RD. However, a number of years ago the state office worked with a group of program RDs to develop a technical assistance piece that describes the general duties and has separate formulas to determine hours/percentage of time that should be spent on activities. Among other things, it helps the state office look to see if a local PSA has adequate staffing.

NYS doesn't have licensure for dietitians. It does, instead, have a certification process for dietitians and nutritionists (CDN). As a result, most RDs in the state also have the CDN certificate. Because of the rigor involved in the national RD exam and ongoing requirement for continuing ed, which is not part of our CDN law, we have continued to require RDs. There have been a few times when a AAA has had difficulty hiring an RD that we have allowed them to use a CDN (who might not be an RD). Given the increasing move to deinstitutionalization of older adults and the provision of more community-based services (long term care) and the increased frailty of clients, I believe that NY will continue to have a preference for those with the RD credential.

We do require the provision of nutrition counseling based on client screening and an assessment (if appropriate). Either based on the NSI alone or a combination of the NSI and a full LTC client assessment which contains a segment on nutrition, referrals are made to the RD. RDs would review the findings and then contact clients who appear as if they could benefit from counseling. The client can refuse the service. Our standard service definition allows for a few exceptions in terms of who can provide counseling. The definition (as does AoA's) treats counseling as a 1-1 service - not group counseling. One of the strategies we encourage is that the RD make at least one face to face appointment with a client as a way of "marketing" the service and how a client might benefit.